

APPROVAL OF PROFESSIONAL DEVELOPMENT ACTIVITIES FOR OCCUPATIONAL SPECIALIST CERTIFICATION

Name:		Date:	
Address:		Social Security #:	
College/School:			
List of activities	Date(s)	Hrs or Credits Requested	
College Credit (attach grade report or transcript)			
Paid Work or Clinical Experience			
Workshop, Seminar			
Conference			
Other			
Description of Activity: (attach appropriate information/documentation)			
		Completion Date:	
Participant's Signature	Date	Department Chair's Signature	Date
State Professional-Technical Certification Officer		Date	Will apply Will <u>not</u> apply
Reason declined:			

Form C2
(POSTSECONDARY)